## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P95000032193

1. Entity Name MAC BOARD, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91319 005 \*\*\*150.00

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Principal Place of Business 1600 NW 108 AVENUE MIAMI FL 33172 US		Mailing Address 1600 NW 108 AVENUE MIAMI FL 33172 US				
2. Principal Place of Business		3. Mailing Address		T I DETAIL DIE TERRET DIE TERRET DE STATE DE STATE DE STATE DE STATE DE STATE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0578862 Applied For Not Applicate	_	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent		
ALL CHOTED IN INC.			Name 			
	R, JURIS KELL AVENUE		Street Address	iss (P.O. Box Number is Not Acceptable)	, <u>:</u>	
SUITE 1100						
MIAMI FL 33131			City	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature requir	guired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	е	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
NAME STREET ADDRESS CITY-ST-ZIP	CARNEIRO, MIGUEL A 16514 SW 96 TERR MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chạnge ☐ Additi	ion	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacho or later that it doress, with all other like empowered.

SIGNATURE: